

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1		1			
3		1		1			
4		1		1			
5		1		1			
6		1		1			
7		1	1	1			
8		7		1			
9	1		1				
10		1		1			
11	2			1			
12	1		1				
13	1		1				
14	1		1				
15	1		1				
16	1		1				
17	1		1				
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48							
49							
50							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS			20				

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IND.	DEP.	IND.	DEP.	IND.
51				
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100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				